Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:	HKID No.:	
Case No.	:		
Name	:		
DOB	:	M / F	
Adm Date	:		
Contact No.	:		

Procedure Information Sheet - Hysteroscopic Endometrial Ablation / Resection

Clinical Diagnosis: Dysfunctional Uterine Bleeding / _____

Indication for Surgery: Menorrhagia / _____

1. Nature of the procedure

1.1. May need preoperative endometrial preparation with GnRH injection
1.2. Misoprostol preparation of cervix
1.3. General anaesthesia / regional anaesthesia
1.4. Dilatation of cervix
1.5. Passage of resectoscope with roller-ball electrode / cutting loop into the uterine cavity
1.6. Uterine cavity distended with glycine
1.7. Lining of the uterine cavity eliminated by roller-ball (endometrial ablation), or shaved off with an cutting loop (endometrial resection) under hysteroscopic control
1.8. Surgery takes 20 to 40 minutes to complete
1.9. All tissue removed will be sent to the Department of Pathology or disposed of as appropriate unless otherwise specified
1.10. Photographic and/or video images may be recorded during the operation for education/ research purpose. Please inform our staff if you have any objection.

2. Benefits of the procedure

2.1. Improvement of symptom (satisfactory control of abnormal uterine bleeding in majority of women: 40-45 in every 100 have lighter periods, 40-45 in every 100 stop menstruation completely, while 5-10 in every 100 will have persistent or recurrent abnormal periods)
2.2. Detailed examination of the uterine cavity
2.3. No incision in the abdomen or vagina
2.4. Uterus and all other pelvic organs preserved (regular cervical smears still required)
2.5. Short recovery period and short hospital stay (around 24 hours)

3. Other consequences after the procedure

3.1. May have some vaginal spotting in the first 2-4 weeks after the operation
3.2. Endometrial ablation / resection is not a form of contraception. Needs to practice contraception after the procedure
3.3. Pregnancy after the procedure can be risky. Endometrial ablation / resection recommended only for women who have completed family and are definitely sure they no longer wish to have more children
3.4. Pain during periods may develop after the procedure, occasionally required hysterectomy
3.5. 5-10 in every 100 women may have persistently or recurrent abnormal periods requiring other alternative of treatment including hysterectomy

4. Risks and complications (may include, but are not limited to the following)

4.1. Women who are obese, who have significant pathology, who have undergone previous surgery or who have pre-existing medical conditions must understand that the quoted risks for serious or frequent complications will be increased.
4.2. Anaesthetic complications
4.3. Serious:
  4.3.1. Cervical tear
  4.3.2. Failure to gain entry into uterine cavity and complete intended procedure (uncommon)
  4.3.3. Perforation of uterus with or without damage to adjacent organs and may require repair
  4.3.4. Damage of bladder/bowel/major blood vessels (rare)
  4.3.5. Absorption of glycine leading to fluid overload/electrolytes disturbance (uncommon)

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4.3.6. 3 to 8 women in every 100 000 undergoing diagnostic hysteroscopy when performed under general anaesthesia die as a result of complications (very rare)
4.3.7. Recurrence
4.3.8. Pelvic infection
4.3.9. Haematometra
4.4. Frequent:
4.4.1. Uterine cramps
4.4.2. Bleeding (5 in every 1000, uncommon), may need blood transfusion
4.4.3. Mild fluid overload

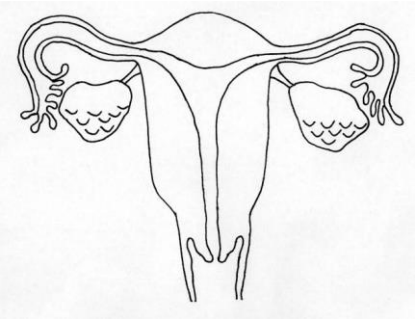
5. Risks of not having the procedure
5.1. Progression and deterioration of disease condition

6. Possible alternatives
6.1. Other medical treatments
6.2. LNG-IUS (Mirena)
6.3. Impedance controlled endometrial ablation disposable device kit (NovaSure)
6.4. Hysterectomy
6.5. Others _____

7. Other associated procedures (which may become necessary during the operation)
7.1. Blood transfusion
7.2. Laparoscopy or laparotomy in case of uterine perforation and suspected adjacent organ injury

8. Special follow-up issue
8.1. Avoid sexual intercourse until vaginal bleeding stops
8.2. Further operation may be required in case of incomplete procedure

9. Statement of patient
9.1. Procedure(s) which should not be carried out without further discussion



I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____